

Jailhouse Rock

GROUP	TEAM
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HOLIDAY CLUB

Point of contact (School/club etc.)

School year

Childs Name

Address

Home tel Postcode

Birthday School Yr Age

Emergency contact number

I give my permission for my child to attend **Jailhouse Rock** holiday club

He/she will abide by the rules of the club. In the unlikely event of illness or accident, I give permission for any necessary medical treatment to be administered by the nominated first aider, or by suitably qualified medical practitioners. Should my child require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital if I cannot be contacted. I understand every effort will be made to contact me as soon as possible.

SIGNED(Parent/Guardian)

ANY OTHER RELEVANT INFORMATION: I.e will anyone else be collecting the child during the week ? ANY SPECIAL NEEDS/MEDICAL INFORMATION:

MON.	TUES.	WEDS.	THURS.	FRI.
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